Choices for Care Flexible Choices Allowance

Participant Informati	<u>ion</u>			
Name:			Phone:	
Last	First	MI	1 none.	
Mailing Address:	Street/RFD/Box			
-	Street/RFD/Box	City/Town	State	e Zip
Physical Address:				
•	Street	City/Town	State	e Zip
SS#	DOB	ICD-9 Code	eICD-1	10 Code
Guardian/Surrogate	Information			
☐ Guardian				
Nomo			Phone:	
Name:	First	MI	_ FIIONE	
Address:				
G/F		• /7	<u> </u>	
Street/R Allowance Calculatio		ity/Town S	State	Zip
☐ Initial Asses		essment	σe.	
		755111 C 111	50	
Personal Care (per 2wee	eks) X2.15 = Mor	nthly Hours	X\$12.80 = Monthl	y Value \$
		(Round to nearest	.25)	
Adult Day (per 2weeks)	X 2.15 = Monthl	y Hours X 15	5.43 = Monthly Va	lue \$
• -		(Round to nearest .25)	_	
CALCIII ATION: M	onthly Personal Care Va	desc. 1	Monthly Base	e Rate \$ 1,161.93
	onthly Personal Care va alue +Monthly Base Rate		Total (per month	(i) \$
Monthly Allocation	nuc intolling Dass Ital	C —	Town (per mone.	ι) Ψ
Spouse				
Will spouse be a paid of		l No	0 - 3 7 N	т
Signatures	se be the sole flexible ch	oices funded caregive	er? □ Yes □ N	10
Signatures				
Participant:				
· —	Name – Print		Signature	
Consultant:				
	Name – Print		Signature	
DAIL Approval				
Department of D	Pisabilities, Aging and I	ndependent Living	Authorization/Off	ficial Use Only
4 11	1 - 00 - 41 544 D o4o	41	E 1 D-42.	
Allowance autnorized	l effective Start Date: _	tnrougn	End Date:	
DAIL Authorized Signa			DATE	
DIME Mullorized Signi	iiii C		DITL	

Instructions:

- 1. Consultant completes the identifying information for the participant and, if appropriate, their surrogate or guardian and notes whether this allowance request results from an initial assessment (all new participants in Flexible Choices are considered "initial"), a reassessment or a change.
- 2. Consultant completes the allowance calculation section using the following formulas:
 - a. *Personal Care:* The number of hours per two weeks of personal care from the personal care worksheet built from the ILA assessment multiplied by the hourly wage rate (including employer taxes).
 - b. *Adult Day:* The number of hours per two weeks of Adult Day services multiplied by the current Choices for Care Adult Day hourly rate. (Note: these dollars can only be spent on Adult Day services or for personal care hours when the participant was scheduled for Adult Day but was not able to attend.)
 - c. *Base Rate:* This rate is set by DAIL and represents the value of all Choices for Care services other than Personal Care and Adult Day pro rated to two week increments.
 - d. *Totals:* The three areas are totaled for a two-week allowance figure. This will be the figure upon which budget planning will occur. This two-week figure is converted into a monthly figure by multiplying the two-week figure by 2.15. If approved by the LTCCC (see number 6), this monthly figure will be the participants "Approved Allowance."
- 3. The consultant and participant/surrogate sign the form showing their agreement with the total allowance figure.
- 4. The consultant forwards the completed form to the regional Long Term Care Clinical Coordinator along with a copy of the most recent ILA and Personal Care Worksheet.
- 5. Upon approving the allowance amount, the LTCCC:
 - a. keeps the original for his/her files
 - b. sends a copy to the consultant at: Transition II

346 Shelburne Road South Burlington, VT 05403

Fax: (802) 846-7282

c. sends a copy to the participant/surrogate.